## COMMUNITY HUMAN SERVICE PARTNERSHIP







## 2014/2015 CITIZENS REVIEW TEAM VOLUNTEER INFORMATION FORM

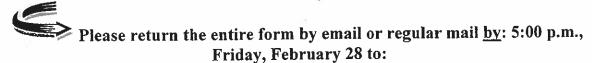
| Nam            | e:   |
|----------------|--|
| Place          | e of employment:   |
| Mail           | ing address:   |
|                | (Circle one: Home or Work)   |
| Tele           | ohone: (Work) (Home) (Fax)   |
|                |  |
| Have           | you previously served as a Citizen's Review Team volunteer? Yes No answered yes, how many years have you served? |
| Have<br>If you | you previously served as a Citizen's Review Team volunteer? Yes No   |

|                          | Signature  |   | Date                        |
|--------------------------|--|---|-----------------------------|
| pertinent information c  | hanges prior to my team                                  | as of the date below. I will assignment. Further, I will erest with any agency to which | immediately notify CHSI     |
| ∐Human Resour            | ces Other(specify):                                      |   |                             |
| Community/No             | eighborhood Volunteer/Ac                                 | Ivocate Self Employed   |                             |
| Business                 | Non-Profit Legal   | Medical Religious   |                             |
| Government E             | nployee (State, County, C                                | ity) Small Business Own   | er                          |
| Financial (bank          | ing/accounting)  | ncation/Educator  | ker                         |
| Skills/Backgroun         | d/Occupation: Social                                     | Work/Human Services   |                             |
| Caucasian Native America | African American  Asian                                  | Hispanic/Latino Other   |                             |
| Ethnicity:               |  |   |                             |
| Male                     | Female   |   |                             |
| Gender:                  |  |   |                             |
|                          | ery effort to create appropr<br>owing information (check | iately balanced review teams. T all that apply):  | o assist with this process, |

TRAINING SCHEDULE & WORKSHOP ATTENDANCE CONFIRMATION SECTION

Please sign up for ONE session and mark it on your calendar. All training sessions will be held at the American Red Cross, located at 1115 Easterwood Drive. Lunch will be provided.

- □ Wednesday, March 19, 201410:00 a.m. 3:30 p.m.
- ☐ Thursday, March 20, 2014 10:00 a.m. 3:30 p.m.
- ☐ Wednesday, March 26, 2014 10:00 a.m. – 3:30 p.m.
- ☐ Thursday, March 27, 2014 10:00 a.m. 3:30 p.m.



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## The Community Human Service Partnership FY 2014/15 WORKSHOP ATTENDANCE CONFIRMATION FORM

Please sign up for ONE session and mark it on your calendar. All training sessions will be held at the American Red Cross, 1115 Easterwood Drive. *Lunch will be provided*.

Please note which training you will be attending and keep this copy for your records. You will not receive any further confirmation from CHSP. If you have questions, please call Sarala Hermes at 891-6553.

- ☐ Wednesday, March 19 10:00 a.m. 3:30 p.m.
- ☐ Thursday, March 20 10:00 a.m. 3:30 p.m.
- ☐ Wednesday, March 26 10:00 a.m. – 3:30 p.m.
- ☐ Thursday, March 27 10:00 a.m. 3:30 p.m.